SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) New York Life Insurance Company Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Spivey, Jerry L., , Mr., Date of Receipt Mailing Address 25 South Thomas Street PO Box 6493 2021 City Zip Code State Transaction ID: PR104824927 GA Elberton 30635-6481 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New York Life Insurance Company Agent Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$150.00 Monthly) 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herwig, Julie E., , Ms., Date of Receipt Mailing Address 6520 78th Street 04 2021 City State Zip Code Transaction ID : PR10501224927 MD Cabin John 20818-1309 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New York Life Insurance Company Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) Other (specify) 1531.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Budd Jr., Warren C., Mr., Date of Receipt Mailing Address 128 Woodbine Circle 30 2021 City State Zip Code Transaction ID: PR105024927 GΑ Newnan 30263-2618 Amount of Each Receipt this Period FEC ID number of contributing C 91.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New York Life Insurance Company Agent Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$91.33 Monthly) 365.32 Other (specify) 625.93 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7